



## Appointment Cancellation Policy

We strive to deliver excellent dental care and personal attention to each of our valued patients. To achieve this, your appointment time is reserved exclusively for you. Appointments are in high demand, and if one of our patients has the need to cancel, early cancellation will allow another patient to be treated at that time.

To help minimize failed appointments, we want to share with our patients our Appointment Cancellation Policy.

### Our policy is as follows:

We require that you contact our office **before 10:00 a.m. one (1) working day in advance** of your scheduled appointment if the need arises to cancel or reschedule the visit. (Please keep in mind that our office is closed on Fridays, so please contact us on Thursday for any changes).

To cancel or reschedule an appointment, please call 860-563-4544 to speak with a team member. If you do not reach our staff directly, you may leave a detailed message on our voicemail.

### Failed Appointment Policy:

A failed appointment occurs when a patient misses an appointment without cancelling by 10:00 a.m. one (1) working day in advance. This gives us reasonable time to allow other patients to be scheduled into that appointment time.

If a patient is more than 15 minutes late for a scheduled visit, it may be considered a failed appointment. If this occurs, the first time will result in a letter being sent alerting the patient to the failed appointment and a fee of \$35 will be applied to their account. If there is a second failed appointment, a \$75 fee will be applied. A third failed appointment will result in a suspension of services and dismissal from our practice. Exceptions to this policy must be approved by the office manager.

Please understand for extended appointment times, we will request a non-refundable deposit to reserve these visits.

### A Final Note...

Please understand that we take no pleasure or satisfaction in having such a policy, as we truly feel no better than our patients about a fee for a failed visit, but we can only help manage fee increases by minimizing appointments left open by last minute cancellations and no-shows. We are sincerely willing to work with our patients and their busy schedules individually to prevent these unwanted fees, and we do understand that illness and other problems do occur without warning at times, which will be given consideration.

Please feel free to call our office team to discuss any questions or concerns regarding this policy.

I acknowledge that I have received and had the opportunity to review the above policy.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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